

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
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47	/			
48	/			
49	/			
50	/			
TOTAL IND.	3			
TOTAL DEP.	13			
TOTAL CLAIMS	13			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52	/							
53	/							
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99								
100								
TOTAL IND.	3							
TOTAL DEP.	10							
TOTAL CLAIMS	13							

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.	3				
TOTAL DEP.	69	←	←	←	←
TOTAL CLAIMS	72				